

**JL Properties**  
**Emergency Record Update**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Suite # \_\_\_\_\_

We would like the names and telephone numbers of the employees within your organization who would like to be notified in the event of an after hour emergency which affects your office space. These numbers are kept confidential, and will only be used in case of an emergency.

Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Percent of Time Off-Site: \_\_\_\_\_

Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Percent of Time Off-Site: \_\_\_\_\_

Do you have any physically impaired employees in your office? Physically impaired is defined as anyone who cannot travel five (5) flights of stairs or who would impede the progress of others.

Name: \_\_\_\_\_ Type of Limitation: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Limitation: \_\_\_\_\_

Additional Notes: